

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITY.

This notice describes how medical information about you
may be used and disclosed and how you can get access to this information.
PLEASE REVIEW IT CAREFULLY

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct or amend your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Restrict disclosure of your health information if you pay out of pocket
- Have confidential communications about your mental health diagnosis and treatment disclosed with your permission
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See pg. 2
for more
information on
these rights
and how to
exercise them.

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Market our services and sell your information
- Provide mental health care
- Raise funds

See pg. 3
for more
information on
these choices
and how to
exercise them.

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

See pg. 3 & 4
for more
information on
these uses
and disclosures.

PRIVACY OFFICER
(302) 430-5397
567 S. Governor's Ave,
Dover, DE 19901



YOUR RIGHTS

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your paper or electronic medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct or amend your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days
Request confidential communication	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.
Limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.• If you pay for a service or healthcare item out-of-pocket, and request that we not disclose that information, we will not disclose it to your health insurer for purposes of payment or our operations, unless we are required to by law.• We will not disclose your confidential communications with a physician or licensed mental health practitioner about your mental health diagnosis or treatment without your permission, unless that disclosure is necessary to prevent imminent harm, further your interest in treatment or we are permitted or required to do so by law.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting), of the times we’ve shared your health information for six years prior to the date you ask, of who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, healthcare operations and certain other disclosures (such as any you requested). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the information on page 1.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow.

For certain health information, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- If you are not able to tell us your preference, for example if you are unconscious, you will be opted in. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we do not share your information unless you give us permission or we are permitted to do so by law:

- Marketing purposes.
- Sale of your information.
- Psychotherapy notes, which are notes by a mental health professional about the contents of your conversations during a counseling session that are separated from the rest of the medical record.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?
We typically use or share your health information in the following ways

Treat you

- We can use your health information and share it with other professionals who are treating you. *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our medical center, improve your care, and contact you when necessary. *Example:* We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. *Example:* We give information about you to your health insurance plan so it will pay for your services.

HEALTH INFORMATION EXCHANGES:

Bayhealth takes part in health information exchanges (HIE) to ensure the optimal coordination of patient care. Some disclosures described above may be carried out through an HIE. Other entities may access your health information through an HIE for treatment purposes or other permitted uses. **EXAMPLE:** An outside provider who needs information to treat you may securely access your health information through an HIE to ensure the best treatment possible and avoid unnecessary delays. For more information about HIEs or to learn how you can opt out of having your information shared through an HIE, Visit Bayhealth.org and view the HIE FAQ page.



HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">o Preventing diseaseo Helping with product recallso Reporting adverse reactions to medicationso Reporting suspected abuse, neglect, or domestic violenceo Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">o For workers' compensation claimso For law enforcement purposes or with a law enforcement officialo With health oversight agencies for activities authorized by lawo For special government functions such as military, national security ando Presidential protective service safety
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our registrations areas, and on our web site www.Bayhealth.org Effective date of this Notice: October 21, 2021

This Notice of Privacy Practices applies to the following:

Organizations that will follow this Notice are part of an organized health care arrangement (OHCA) with Bayhealth Medical Center and include all Bayhealth Medical Center healthcare providers who provide health care to the public and all of their delivery sites including, but not limited to: Bayhealth Medical Center, Inc. Bayhealth Emergency Center, Smyrna Kent – 640 S. State Street Sussex – 100 Wellness Way 401 N. Carter Rd. Dover, DE 19901 Milford, DE 19963 Smyrna, DE 19977 Bayhealth Outpatient Centers, Bayhealth Sleep Care Centers: Bayhealth Women's Centers